



## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

Mark A Litman & Associates PA 3209 West 76th Street York Business Center Suite 205 Edina, MN 55435  Edina, MN 55435  Edina, MN 55435  FILING DATE FRET NAMED INVENTOR APPLICATION  APPLICATION  FILING DATE FRET NAMED INVENTOR APPLICATION  APPLICATION  FILING DATE FRET NAMED INVENTOR APPLICATION  APPLICATION  APPLICATION  FILING DATE FRET NAMED INVENTOR APPLICATION  APPLICATION  APPLICATION  APPLICATION  APPLICATION  FILING DATE FRET NAMED INVENTOR APPLICATION  APPLICATION  APPLICATION  APPLICATION  APPLICATION  FRET NAMED INVENTOR APPLICATION	maintenance fee notificatior	ıs.			errespondence addi	ress; and/or (b) indicating a sep	arate "FEE ADDRESS" for	
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D'FEC Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Castomer Number is required.  S. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate coerc. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Shuffle Master, Inc.  Eden Prairie,  Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government at The following fee(s) are enclosed:  4b. Payment of Fee(s):  Sissue Fee  Deposit Account Number 10-2038 is attached.  The Commissioner is bereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 10-204 (enclose an extra copy of this form).  Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; In on name is listed, no name will be printed.  3  **Authorized Signature**  Authorized Signature*  **Deposit Account Number 10-2038 is attached.**  **Count Number 10-2038 is attached.**  **Deposit Account Number 10-	Change of corresponde	ence address (or Change of	Correspondence				71. 477m	P
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Please check the appropriate assignee category or categories (will not be printed on the patent)  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  4b. Payment of Fee(s):  4c. Payment of the fee(s) is enclosed.  Publication Fee  4c. Payment by credit card. Form PTO-2038 is attached.  4c. Payment by credit card. Form PTO-2038 is attached.  4c. Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-32 (enclose an extra copy of this form).  Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  (Authorized Signature)  (Date)	01.001	Masks 100	, ,	^`				
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